

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Rachel Mattingly

Date of Public Distribution/Dissemination

08 / 18 / 2014

Mailing Address 2167 Sherwood Ave

Apt 5

Amount

55.86

City

State

Zip Code

Louisville

KY

40205-1113

Transaction ID : VN7CZ9TW676

Purpose of Expenditure  
Salary and BenefitsCategory/  
Type

Office Sought:

☐

House

State: KY

☒

Senate

District: 00

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Alison LunderganCalendar Year-To-Date Per Election  
for Office Sought

114840.32

Disbursement For:  
2014☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Rachel Mattingly

Date of Public Distribution/Dissemination

08 / 19 / 2014

Mailing Address 2167 Sherwood Ave

Apt 5

Amount

18.62

City

State

Zip Code

Louisville

KY

40205-1113

Transaction ID : VN7CZ9TWWD0

Purpose of Expenditure  
Salary and BenefitsCategory/  
Type

Office Sought:

☐

House

State: KY

☒

Senate

District: 00

☐

President

Check One:

☐

Support

☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Mitch McConnellCalendar Year-To-Date Per Election  
for Office Sought

114840.32

Disbursement For:  
2014☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Rachel Mattingly

Date of Public Distribution/Dissemination

08 / 19 / 2014

Mailing Address 2167 Sherwood Ave

Apt 5

Amount

55.86

City

State

Zip Code

Louisville

KY

40205-1113

Transaction ID : VN7CZ9TWWX26

Purpose of Expenditure  
Salary and BenefitsCategory/  
Type

Office Sought:

☐

House

State: KY

☒

Senate

District: 00

☐

President

Check One:

☒

Support

☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:  
Alison LunderganCalendar Year-To-Date Per Election  
for Office Sought

114840.32

Disbursement For:  
2014☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

130.34

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)